

Strengthening midwifery educator capacity in low and lower-middle income countries

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Certificate of original authorship

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of the requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research, work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Florence West

1st December 2016

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Publication and conference presentations arising from this thesis

Publication

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The published version of this paper is included in Appendix 1.

Conference presentations

West, F., Homer, C. & Dawson, A. (September 2014). *Developing capacity in midwifery education for the next generation of Midwives in Papua New Guinea*. Australian College of Midwives Queensland State Conference, Gold Coast, Australia.

West, F., Homer, C. & Dawson, A. (April 2015). *Cultural competence in midwifery education in Papua New Guinea*. Virtual International Day of the Midwife, Online Conference.

West, F., Homer, C. & Dawson, A. (July 2015). *Building midwifery educator capacity in teaching in low and lower-middle income countries (LMIC): A review of the literature*. International Confederation of Midwives Asia Pacific Region. Yokohama, Japan.

West, F., Homer, C. & Dawson, A. (June 2016). *Working together to build midwifery capacity. Findings from a qualitative study*. Optimizing Healthcare Quality. Teamwork in Education, Research and Practice, Chiang Mai, Thailand.

West, F., Homer, C. & Dawson, A. (July 2016). *Working together to build midwifery capacity. Findings from a qualitative study*. Global Network of World Health Organization Collaborating Centre for Nursing and Midwifery. Strategic Conversations. Glasgow, Scotland.

Conference presentation abstracts are included in Appendix 2.

Abstract

Strengthening midwifery educator capacity in low and lower-middle income countries

Background

Midwifery educators play a critical role in strengthening the midwifery workforce in low and lower-middle income countries (LMIC) to ensure that women receive quality midwifery care. The most effective approach to building midwifery educator capacity is not always clear. Partnering international and national midwifery educators in education institutions is one strategy to improve the quality of midwifery teaching and learning.

Aim

The aim of this study was to explore how midwifery educator capacity in learning and teaching in LMIC can be strengthened and improved. This research was conducted in two phases. Phase 1 aimed to determine whether one approach – the Papua New Guinea Maternal and Child Health Initiative – contributed to capacity building that was designed to improve midwifery teaching and learning. Phase 2 explored how capacity building using international partnerships is conducted in other LMICs.

Methods

This study used a sequential exploratory mixed method design. During Phase 1, an exploratory qualitative case study design was used. Data were collected from 26 semi-structured interviews conducted with both national and international midwifery educators. A thematic analysis was undertaken. In Phase 2, a descriptive quantitative design was used with data collected from a survey of 18 international and nine national midwifery educators working in 13 different LMICs. Descriptive statistics and content analysis were undertaken.

Findings

In Phase 1, seven themes were identified. The first three provided insights into enabling factors: knowing your own capabilities, being able to build relationships and being motivated to improve the health status of women. The next four themes explored constraining factors: having a mutual understanding of the capacity building project, preparing stakeholders for working together, knowing how to adapt to a different culture, and needing an environment which supports improved midwifery education. Phase 2 confirmed that midwifery educators working in other LMICs experience similar enabling and constraining factors. An individual's knowledge, skills and attitude influenced the quality of the international partnership. Social norms, institutional support and context also shaped the capacity of midwifery educators to improve teaching and learning.

Discussion and Implications

Individual, partnership and environmental factors influenced midwifery educators to improve teaching and learning in LMIC. Monitoring and evaluation of individual performance, using national and international guidelines may help to provide feedback and build educator confidence. Specific individual preparation for the capacity building partnership would help to ensure that all stakeholders have a mutual understanding, are culturally competent and maintain relevance to the context. Strengthening institutional leadership and infrastructure to provide a supportive working

environment would also enable educators to access contemporary teaching resources and research evidence. Supporting the government and community to identify and value the role of the midwife and the development of a well-functioning midwifery regulatory body in LMIC are other enabling factors that need to be addressed.

Further research is needed to assess if addressing the individual, partnership and environmental factors identified in this study results in improved midwifery teaching in LMIC.